

State of California
Department of Health Services



GRAY DAVIS
Governor

June 20, 2003

CHDP Program Letter No.: 03-11

CORRECTED VERSION

TO: ALL COUNTY/CITY CHILD HEALTH AND DISABILITY PREVENTION
(CHDP) PROGRAM DIRECTORS, DEPUTY DIRECTORS, STATE
CHILDREN'S MEDICAL SERVICES (CMS) BRANCH STAFF AND
REGIONAL OFFICE STAFF

SUBJECT: MAKING INFORMATION AVAILABLE TO LOCAL CHILD HEALTH AND
DISABILITY PREVENTION (CHDP) PROGRAMS ABOUT
CHDP-RELATED PATIENT SERVICES

Enclosed is CHDP Provider Information Notice No.: 03-11 responding to the reluctance of some providers to share patient information with local CHDP Programs since the implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. A version of the information in the Provider Information Notice is also attached to this Program Letter in template letter form. This template is for your use if there are specific medical, dental, or mental health providers who are also now concerned about sharing information needed for care coordination by local CHDP Program staff. The template letter is not to be distributed with the Provider Information Notice.

The purpose of the provider information notice is to advise the CHDP Providers of the permissibility of providing information to local CHDP Program staff persons for the purpose of care coordination with patients who have received CHDP services.

Please distribute the enclosed provider information notice (not the template letter) without any revisions to providers in your local program area and complete and return the enclosed "Report of Distribution."



Do your part to help California save energy. To learn more about saving energy, visit the following web site:
www.consumerenergycenter.org/flex/index.html

Children's Medical Services Branch
714/744 P Street, P.O. Box 942732, Sacramento, CA 94234-7320
(916) 327-1400

Internet Address: <http://www.dhs.ca.gov/pcfh/cms>

CHDP Program Letter No.: 03-11
Page 2
June 20, 2003

If you have any questions regarding HIPAA, please contact your Regional Nurse Consultant, or Harvey Fry, at (916) 327-2435.

Sincerely,

Original Signed by Maridee Gregory, M.D.

Maridee A. Gregory, M.D., Chief
Children's Medical Services Branch

Enclosures

Date

TEMPLATE LETTER

Name

Address

City/State

Dr. (Name):

We have requested information from you for the purpose of care coordination of children who are your patients. Staff in your office has questioned whether you are permitted to make information available to the Child Health and Disability Prevention (CHDP) Program under the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule.

CHDP is a program of the California Department of Health Services (CDHS), Children's Medical Services (CMS) Branch administered by the state and operated locally through 61 local health departments throughout the state.

The (Name of County or City CHDP Program) located within the (Name of Department or Division) is acting under the authority of the CDHS, Children's Medical Services Branch, to carry out the operations of the CHDP Program. These operations include ascertaining the status of treatment for health conditions found during a CHDP health assessment and referrals for specialized treatment.

The CHDP Program is a HIPAA covered entity health plan. Providers may release information to CHDP as part of the child's treatment plan and as part of the operations of the CHDP Program. CHDP as a covered entity is subject to the same restrictions on disclosures of protected health information that apply to you.

| Pursuant to the HIPAA Privacy Rule (45 CFR section 164.506 (c) (4), a covered entity, (the CHDP provider) may disclose protected health information to another covered entity (the CHDP Program) for health care operations activities of the covered entity that receives the information (the CHDP Program), if:

- Each entity either has or had a relationship with the individual who is the subject of the protected health information being requested,
- The protected health information pertains to such relationship, and



Do your part to help California save energy. To learn more about saving energy, visit the following web site:
www.consumerenergycenter.org/flex/index.html

Children's Medical Services Branch
714/744 P Street, P.O. Box 942732, Sacramento, CA 94234-7320
(916) 327-1400

Internet Address: <http://www.dhs.ca.gov/pcfh/cms>

Name
Page 2
Date

- The disclosure is for the purpose of case management and care coordination or contacting health care providers and patients with information about treatment alternatives.

If you have any questions or concerns please contact (Name of County or City CHDP Deputy Director) at (telephone number).

Sincerely,

Name of CHDP Director or Deputy Director

Department of Health Services
Children's Medical Services Branch
Child Health and Disability Prevention (CHDP) Program
REPORT OF DISTRIBUTION REPORT FORM

Purpose of form and instruction for use:

- The purpose of the report form is to confirm distribution of CHDP policy information to providers participating in the CHDP program by the Local Health Department CHDP Program. Submission of the report form provides documentation to the State of California, Department of Health Services, Children's Medical Services Branch, CHDP Program, of the date of distribution of Provider Information Notices.
- This form is to be completed after you have distributed the CHDP Provider Information Notice.
- The Report of Distribution report form is to be mailed to the address shown below within 45 days of this letter.

PLEASE NOTE THAT NO CHANGE IS TO BE MADE IN THIS PROVIDER INFORMATION NOTICE OR ATTACHMENT.

THANK YOU.

Report of Distribution of:

CHDP Program Letter No. 3-11 and Provider Information Notice No. 03-11

THIS PROVIDER INFORMATION NOTICE WAS SENT TO PROVIDERS IN

_____ COUNTY/CITY on _____ DATE

Name: _____ Title: _____
Program Representative (Print)

SIGNATURE OF SENDER: _____ Date: _____

Mail the completed form to: Report of Distribution Clerk
Children's Medical Services Branch
Child Health and Disability Prevention
P.O. Box 942732
Sacramento, CA 94234-7320

Please note: To update local program contact information (e.g., address, telephone, director or deputy director name), please follow the instructions on page one of the **Children's Medical Services Directory**. The directory can be found under "Forms and Publications" at www.dhs.ca.gov/chdp. To open the directory, enter the case-sensitive password: CMS#directory.